Inspection Report		South Dakota Cosmetology Commission 500 E Capitol Ave Pierre, SD 57501 605-773-6193 cosmetology@state.sd.us
A. SALON OR BOOTH NAME: Stephanie Davis Booth		
ADDRESS: 401 Robbins Dr CITY: Papid City		
OWNER NAME: STELLER WAR DON'S TELEBRONE NUMBER.		
SALON OF BOOTH LICENSE NUMBER: CB 03134 2018 EXPIRATION DATE: 5-16-2018		
B. TYPE OF SALON:	1. Salon Booth Rental	Home Limited
TYPE OF INSPECTION:	2. Cosmetology (all) 3. New	Re-Inspection Investigation Other
C. During all working hours. YES is satisfactory NO is NOT satisfactory SDCL 36-15 ARSD 20:42		
Current licenses; Rules/Regulations, Unregulated Services Sign — Displayed Certified for microdermabrasion and/or electric nail files and/or eyelash extensions Fire Extinguisher, ABC type, 5 lbs., easily accessible, charged First aid kit that contains adhesive dressings, gloves, antiseptic, gauze, tape, blood spill procedures Disinfecting agent(s) available at station NO 6. Disinfecting agent meets virucidal, fungicidal, and bactericidal requirements NO 7. Disinfectant container available (large enough) NO 8. Disinfectant (if mixed) fresh, clean and free from contaminants NO 9. Clean closed containers - to store only cleaned or disinfected tools NO 10. Closed, labeled containers for soiled towels, linens, tools YES NO 11. Pedicure station and tools clean and disinfected after each use		
VES NO 12. Floors clean (no hair or nail clippings) and in good repair		
YES NO 19. Hair work stations clean and disinfected YES NO 20. Nail work stations clean and disinfected YES NO 21. Esthetics work stations clean and disinfected YES NO 22. Waste Containers emptied at least daily YES NO 23. Sinks clean and disinfected, no hair or soap scum YES NO 24. Hand sanitizer or hand-washing facilities available for use		
VES NO 25. Hair tools new and/or clean and disinfected		
YES NO 33. Private Residences – separate exit – separate from residential area		
	Lic #	Expires: Expires:
Use additional sheet if more space is needed. E. Comments: Veneued only a full in the		
Salon.		
F.	Date:	10-5-009 Time 2:45
Signature: Inspector signature D D D O (16 " " " ") D O (16 "		
Licensee reviewed inspection report with Inspector (YES) NO (if "no" why not)		
RECHECK		
		PC Sen